

<i>SERFF Tracking Number:</i>	<i>AULD-128487031</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>RPT-LTC 2011</i>
<i>Company Tracking Number:</i>	<i>6/12 LTC REPORT</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>6/2012 LTC Report</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: 6/2012 LTC Report

TOI: LTC06 Long Term Care - Other

Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Form

SERFF Tr Num: AULD-128487031 State: Arkansas

SERFF Status: Closed-Accepted For Informational Purposes
State Tr Num: RPT-LTC 2011

Co Tr Num: 6/12 LTC REPORT

State Status: Closed-Accepted for Informational Purposes

Reviewer(s): Donna Lambert

Disposition Date: 06/27/2012

Authors: Angie Neville, Danita

Ragland-Hatton

Date Submitted: 06/27/2012

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/27/2012

State Status Changed: 06/27/2012

Created By: Angie Neville

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Angie Neville

Filing Description:

6/2012 LTC Reporting

State Narrative:

Company and Contact

Filing Contact Information

Angie Neville, Filing Specialist

One American Square

Angie.Neville@oneamerica.com

317-285-1927 [Phone]

SERFF Tracking Number: AULD-128487031 State: Arkansas
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Company Tracking Number: 6/12 LTC REPORT
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: 6/2012 LTC Report
Project Name/Number: /

Indianapolis, IN 46206 317-285-7538 [FAX]

Filing Company Information

Golden Rule Insurance Company	CoCode: 62286	State of Domicile: Indiana
One American Square	Group Code: 707	Company Type:
P. O. Box 406	Group Name:	State ID Number:
Indianapolis, IN 46206	FEIN Number: 37-6028756	
(877) 285-7660 ext. [Phone]		

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$0.00	06/27/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		06/27/2012	06/27/2012

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Disposition

Disposition Date: 06/27/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment: RR 13 Sec. 15 Reporting Requirements (1) states that "Policy" means only long-term care insurance. If the coverage in question does not meet the definition of long-term care insurance, the information is not required to be reported. I do not believe the benefits you described would fall under the definition of LTC insurance. I hope this answers your question.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Claims Denial and Replacement/Lapse Report	Accepted for Informational Purposes	No

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TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	
Bypass Reason:	N/A Flesch Certification N/A Application N/A Health - Actuarial Justification N/A Outline of Coverage	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	N/A Flesch Certification N/A Application N/A Health - Actuarial Justification N/A Outline of Coverage	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	
Bypass Reason:	N/A Flesch Certification N/A Application N/A Health - Actuarial Justification N/A Outline of Coverage	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	
Bypass Reason:	N/A Flesch Certification N/A Application N/A Health - Actuarial Justification	

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<i>Product Name:</i>	<i>6/2012 LTC Report</i>		
<i>Project Name/Number:</i>	<i>/</i>		
	<i>N/A Outline of Coverage</i>		

Comments:

		Item Status:	Status
			Date:
Satisfied - Item:	Claims Denial and Replacement/Lapse Report	Accepted for Informational Purposes	06/27/2012

Comments:

Attachments:

Arkansas LTC Claim Denial Letter & Report-GRI.pdf
LTC Replacement Reports 2011 - AR- GRI.pdf



THE STATE LIFE
INSURANCE COMPANY
a ONEAMERICA® company

P.O. Box 406
Indianapolis, IN 46206-0406

Phone 1-800-275-5101

June 25, 2012

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: LTC Claims Denial Report for 2011
NAIC #62286

Dear Sir:

As administrator for the Golden Rule Insurance Company, The State Life Insurance Company, a OneAmerica company, is submitting the attached LTC Claims Denial report for reporting year 2011.

Please be advised that the report is based on asset-based life or annuity policies that allow access to the policy value for the purpose of paying long-term care expenses. These products don't necessarily replace traditional LTC products. It would be appreciated if you would confirm whether or not this report is applicable to asset-based products.

If you have any questions, please contact me toll-free at 877-285-7660, Ext. 1077, via email at jeanne.leo@oneamerica.com, or at the address on this letterhead.

Sincerely,

A handwritten signature in cursive script that reads "Jeanne A. Leo".

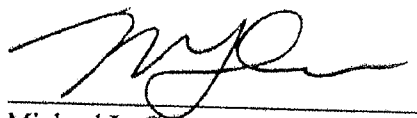
Jeanne A. Leo, AIRC, HIA, ACS
Senior Market Conduct Analyst
Corporate Compliance & Market Conduct

/jal

Enclosure

RE: CLAIM DENIAL REPORT
GOLDEN RULE INSURANCE COMPANY, NAIC: #62286

This Authorization grants State Life Insurance Company the authority to submit the Claim Denial Report on behalf of Golden Rule Insurance Company.



Michael L. Corne
Vice President, Health Products

June 24, 2012
Date

Appendix E

Claims Denial Reporting Form Long -Term Care Insurance

For the State of Arkansas
For the Reporting Year of 2011

Company Name: Golden Rule Insurance Company
Company Address: One American Square
P.O. Box 368
Indianapolis, IN 46206

Company NAIC Number: 62286

Contact Person: Denise Miller

Phone Number: (317) 285-4190

Line of Business: ☒ Individual ☐ Group

Due: June 30th Annually

The purpose of this form is to report all long-term care claim denials under inforce long-term care insurance policies. "Denied" means a claim, which is not paid for any reason other than for claims denied for failure to meet the waiting period or because of an applicable preexisting condition.

	State Data	Nationwide Data ¹
Total number of Long-Term Care Claims Reported	1	346
Total number of Long-Term Care Claims Denied	0	52
Percentage of Long-Term Care Claims Denied of those Reported	20%	15%
Number of Long-Term Care Claim Denials due to:		
• Long-Term Care Services Not Covered under the policy ²	0	1
• Provider/Facility Not Qualified under the policy ³	0	20
• Benefit Eligibility Criteria Not Met ⁴	0	31
• Other		

¹ The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

² Example – home health care claim filed under a nursing home only policy.

³ Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

⁴ Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

LONG-TERM CARE REPLACEMENT REPORT

REPORT COMPANY: GOLDEN RULE INSURANCE COMPANY, NAIC COMPANY CODE 62286

PERIOD COVERED: JANUARY 1, 2011 - DECEMBER 31, 2011

REGULATION: DIVISION 400-LIFE, ANNUITIES, AND HEALTH, CHAPTER 4, LONG-TERM CARE:

SECTION 10 REPORTING REQUIREMENTS A-F

A. AGENT ANNUAL REPLACEMENT SALES VS. TOTAL SALES AND AGENT SALES THAT HAVE LAPSED VS. TOTAL SALES

B. TEN PERCENT (10%) OF AGENTS WITH GREATEST PERCENTAGES OF LAPSES AND REPLACEMENTS

BROKER	BROKER #	POLICIES ISSUED	REPLACE- MENTS	PERCENT REPLACED	POLICIES ISSUED	TOTAL LAPSED	PERCENT LAPSED
JAMES O WATKINS	GR1136161	0	0		0	1	
JOHN R MCCLENDON	GR1237998	0	0		0	1	
PHILIP WAYNE TAYLOR	GR1239081	0	0		0	1	
RANDY W MILLER	GR1239038	0	0		0	1	
JOHN JOSEPH URSIN	GR1151016	0	0		0	1	
GEORGE ERNEST BAKER	GR1004127	0	0		0	1	
LARRY CATHEY	1673890	0	0		0	1	
HAROLD ANDREW CLARK	GR1235529	0	0		0	1	

ARKANSAS

THE ABOVE CHART INCLUDES ALL AGENTS THAT SUBMITTED ASSET-CARE BUSINESS WITH REPLACEMENT ACTIVITY.

C. REPORTED REPLACEMENT AND LAPSE RATES DO NOT CONSTITUTE A VIOLATION OF INSURANCE LAWS. THIS REPORT IS FOR THE PURPOSES OF REVIEWING MORE CLOSELY AGENT ACTIVITIES.

D.	TOTAL NUMBER OF LAPSED POLICIES IN 2011	8
E.	TOTAL NUMBER OF POLICIES ISSUED IN 2011	0
	TOTAL NUMBER OF REPLACEMENT POLICIES ISSUED IN 2011	0
	PERCENTAGE OF TOTAL ISSUED IN 2011	N/A (div by 0)
	TOTAL NUMBER OF IN FORCE POLICIES	114
	PERCENTAGE OF TOTAL IN FORCE POLICIES	0.0%
	(POLICIES IN FORCE AS OF DECEMBER 31, 2011)	

F. "POLICY" SHALL MEAN ONLY LONG-TERM CARE INSURANCE, AND
"REPORT" MEANS ON A STATEWIDE BASIS.